

**STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES
CONTRACT BUDGET**

SUMMARY Provider	Contract ID#	Effective Period	
		From _____	To _____

Part I – Revenues

Program Costs	Amount	% of Funds	Source of Funds
1. Maximum Federal Funds	\$ 45,000	75%	SSBG
	\$ 200,780	75 %	IV-B-1
2. Maximum State Funds	\$ 0	____%	
3. Provider Match Funds - Cash	\$	____%	
4. Provider Match Funds - In-Kind	\$ 81,667	____%	
5. State Match Funds - Cash	\$	____%	
6. TOTAL PROGRAM COST	\$ 327,447		

*Total of #1 and #2 should equal Part IV, Column 3.

*Total of #3 and #4 should equal Part IV, Column 2. *Line 5 should equal Part IV, Column 1.

Part II - Estimated Expenditures

Object of Expenditure	Column 1	Column 2	Column 3
	Provider Funds (Cash and/or In-Kind)	Federal/State Funds	Total Program Costs
A. Salaries	55,325	62,700	118,025
B. Fringe Benefits	4,232	4,797	9,029
C. Staff Development-	0	14,676	4,365
D. Travel	0	6,125	14,676
E. Equipment Purchases-Tangible Property	0	0	6,125
F. Transportation-Recipient	0	0	0
G. Medical Supplies and Expense	0	0	0
H. Cost of Space-Non-Residential	0	0	0
I. Room & Board-Residential Treatment	0	0	0
J. Service Payments	0	0	0
K. Other	11,250	95,469	106,719
L. Indirect Costs	10,860	62,013	72,873
M. Totals	81,667	245,780	327,447

Part III – APPROVAL SIGNATURE

Signed: _____
Provider / Authorized Official

Date: _____

**Purchase Contract Budget
Supporting Budget Schedules**

A. Salary - Provider Staff only (excluding Recipient Transportation Salaries)								
(1) Number of Persons	(2) Position or Title	(3) Pay Grade	(4) % FTE	(5) No. Mos. Emp'd	(6) Annual Salary	(7) Match	(8) Federal State	(9) Total Cost
1	Program Director		.50	9	65,000 (9)		32,500	32,500
			.25	3	45,198 (3)	11,300		11,300
2	Social Workers		.50	12	30,500	15,275	15,275	30,500
1	Social Worker		.75	10	46,000	28,750		28,750
1	Administrative Assistant		.50	12	18,650		9,325	9,325
1	Secretary \$10 per hr X 20 hr/wk X 28 wks						5,000	5,000
Attach a copy of job description for each position listed above.								
Total – Salaries (A.)						55,325	62,700	118,025
B. Fringe Benefits for Provider Staff listed in A (excluding Recipient Transportation Fringe Benefits)								
(1) Type (Itemize)	(2) Method of Computation (Itemize)	(3) Match	(4) Federal State	(5) Total Cost				
FICA	7.65 X 55,325 7.65 X 62,700	4,232	4,797					
Total - Fringe Benefits (B.)						4,232	4,797	9,029

C. Staff Development for Provider Staff only

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
1 Social Worker Semester Tuition	0	4,365	4,365
<i>Do not list registrations fees and related travel cost. List only tuition cost.</i>			
Total Staff Development (C.)	0	4,365	4,365

D. Travel - Provider Staff only

(1) No. of Persons	(2)	(3) No. of Miles	(4) Rate per Mile	Daily Subsistence		(7)	(8)	(9)
	Position or Title			(5) Rate	(6) Days	Match	Federal State	Total Cost
1	Program Director	1,250	.345	81	5	0	836	836
	Airfare	3,000		Meals	5x\$30	0	3,150	3,150
				Lodging	4x245	0	980	980
3	Social Workers	5,000	.345	81	20	0	10,035	10,035
Total - Travel (D.)						0	15,001	15,001

E. Equipment Purchases-Tangible Property

(1) No. of Units	(2) Item	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
1	Computer	6,125	2,125	4,000	6,125
	Do not list items with unit cost less than \$500				
Total Equipment – Tangible Property (E.)			2,125	4,000	6,125

F. Transportation - Recipient									
(1) Item	(2) Method of Computation					(3) Match	(4) Federal State	(5) Total Cost	
1a. Provider Recipient Transportation Staff Salaries									
# of Persons	Position or Title	Pay Grade	% of Time	# of Mos. Employed	Annual Salary				
1b. Provider Recipient Transportation Staff Fringe Benefits									
Type	Method of Computation								
Total Transportation - Recipient (F.)									

G. Medical Supplies and Expenses				
(1) Item	(2) Match	(3) Federal State	(4) Total Cost	
Total - Medical Supplies and Expense (G.)				
H. Cost of Space - Non-Residential Schedule				
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
<p>Attach a copy of current lease if cost are included for rent. (All cost should be prorated per # of staff included in application.)</p>				
Total Cost of Space - Non - Residential (H.)				
I. Room and Board Costs - Residential Treatment				
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
Total Room and Board Costs - Residential Treatment (I.)				

J. Service Payment					
(1) No. of Units	(2) Item	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
Total - Services Payment (J.)					
K. Other Expense (Each Item listed is an Individual Object to be listed on the DSS-1571S, III)					
(1) Item	(2) Match	(3) Federal State	(4) Total Cost		
Supplies (<i>Itemize in Budget Narrative</i>)	0	32,150	32,150		
Printing (<i>Describe in Budget Narrative</i>)	0	16,129	16,129		
	0	5,000	5,000		
	0	8,250	8,250		
Subcontracts					
Thorpe, Inc.	0	32,000	32,000		
Triangle, Inc.	0	15,190	15,190		
In-Kind Agreement					
McAdams University (<i>Letter documenting match</i>)	11,250		11,250		
Total - Other Expenses (K.)	11,250	95,469	106,710		
L. Indirect Cost*					
(1) Rate	(2) Rate Applied to: (list applicable line item titles)	(3) Amount Rate Applied to:	(4) Match (Unrecovered)	(5) Federal State	(6) Total Cost
44.5%	Salary, Fringe, Travel, Supplies	190,334	10,860	78,839	84,699
44.5%	Subcontracts (first \$25k)	40,190		17,885	17,885
	Deduction of Excess Provider Funds			(34,711)	(34,711)
Total - Indirect Cost (L.)			10,860	62,013	72,873
*Attach a copy of current approved indirect cost rate plan.					

Part IV - Distribution of Estimated Revenue for Total Cost Reimbursement Method

A.		(a) Number	(b) Ratio	
	Estimated Eligible and Matchable Costs			
1.	Estimated Eligible Clients			%
2.	Estimated Ineligible Clients			%
3.	Total Clients			%

B. Eligible Costs

(1) Matchable Costs [Part IV, Line M, col. (3)]	(2) Less Program Income	(3) Net Matchable Costs [B.(1) Less (2)]	(4) Estimated % of Eligibles [A. 1. (b)]	(5) Costs Eligible for Financial Participation [B.(3) x (4)]
\$	\$	\$		\$

Part V - Computation of Unit Cost or Individual Fixed Rate

A.	1.	Total Matchable Costs	\$
	2.	Less: Earned Income for Unit Cost Method	\$
	3.	Net Matchable Costs	\$
B.	1.	Total Service Unit Capacity, or	
	2.	Total Anticipated Utilization Capacity	
C.		Method of Computation or Source of Data	
D.		Estimated Unit Cost or Individual Fixed Rate:	\$ per